

Massachusetts Department of Public Health

Foodborne Illness Complaint Worksheet

Date: ____/____/____
#: _____

Please Complete and Send or Fax to:
 MDPH Food Protection Program
 305 South Street, Jamaica Plain, MA 02130
 Fax: (617) 983-6770

Questions? Call:
 Food Protection Program: (617) 983-6712
 Division of Epidemiology: (617) 983-6800
 Enterics Laboratory: (617) 983-6609

Person Completing Information

Name: _____ **☎:** () _____ - _____

Affiliation: ☐ Local BOH (*town*): _____ ☐ State DPH (*division*): _____ ☐ Other: _____

Reporter/Complainant

Name: _____ **☎:** () _____ - _____

Affiliation: ☐ Consumer *specify:* →
☐ Laboratory division, _____
☐ Local BOH facility, _____
☐ Medical Provider address, _____
☐ State DPH town, etc. _____
☐ Other _____

Illness Information

Persons ill: ☐ **Symptoms:** (*mark if reported for anyone*):

- | | | | |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Nausea | <input type="checkbox"/> Abdominal cramps |
| <input type="checkbox"/> Fever | <input type="checkbox"/> Bloody stool | <input type="checkbox"/> Headache | <input type="checkbox"/> Muscle aches |
| <input type="checkbox"/> Chills | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Burning in mouth | <input type="checkbox"/> Other symptoms: _____ | | |

Onset: →
 Earliest Date: ____/____/____ Time: ____:____ ☐AM ☐PM
 Latest (if > 2 ill) Date: ____/____/____ Time: ____:____ ☐AM ☐PM

Duration: ☐ Less than 24 Hours ☐ 24-48 Hours ☐ More than 48 Hours ☐ Ongoing ☐ Unknown

Ill Persons:	Name	Address/Town	☎	Age (yrs)	Occupation	Med.
Provider/ ☎						

1	<input type="checkbox"/> same as reporter (above)					
2						
3						
4						

Medical attention received (by anyone)? ☐ Yes ☐ No ☐ Unknown → *If Yes, specify above:* ↑

Stool specimens submitted (by anyone)? ☐ Yes ☐ No ☐ Unknown → **To SLI ¹?** ☐ Yes ☐ No ☐ Unknown

Medical diagnosis reported?

¹ State Laboratory Institute, 305 South St., Jamaica Plain, MA, 02130: 617-522-3700

² Always record **T**ime if possible; otherwise, choose **B**=breakfast, **L**=lunch, **D**=dinner ³ Total # persons (both ill and well) who consumed indicated food(s)

Food History

→ Obtain history **back 72 hours** prior to symptoms, **or**, if organism identified, **b/n min and max incubation** periods (see p.2)

→ **If > 2 ill**, follow above time frame for **common meals (foods) only**

Date & Time ²	# Exp ³	Food(s) consumed	Restaurant / store where purchased (name, town)	Place consumed
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (<i>as left</i>) <input type="checkbox"/> Home <input type="checkbox"/> Other (<i>specify</i>):

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Food History (*continued*)

Date & Time ²	# Exp ³	Food(s) consumed	Restaurant / store where purchased (name, town)	Place consumed
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (<i>as left</i>) <input type="checkbox"/> Home <input type="checkbox"/> Other (<i>specify</i>):
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (<i>as left</i>) <input type="checkbox"/> Home <input type="checkbox"/> Other (<i>specify</i>):
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (<i>as left</i>) <input type="checkbox"/> Home <input type="checkbox"/> Other (<i>specify</i>):
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (<i>as left</i>) <input type="checkbox"/> Home <input type="checkbox"/> Other (<i>specify</i>):
<input type="checkbox"/> B <input type="checkbox"/> L <input type="checkbox"/> D				<input type="checkbox"/> Same (<i>as left</i>) <input type="checkbox"/> Home <input type="checkbox"/> Other (<i>specify</i>):

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Notes

Food Testing

Food(s) available for testing? ☐ Yes ☐ No ☐ Unknown → Sent to SLI ¹? ☐ Yes ☐ No ☐ Unknown

→ *If Yes, specify food(s) & sources:*

Product and Manufacturer Information for Commercially-Processed Food(s)

Product name: _____ Code/lot # _____
 Expiration date: ____ / ____ / ____ Package size/type: _____
 Manufacturer: _____ ☎: () _____ - _____
 Address: _____

Incubation Periods for Selected Organisms

	<i>Min</i>	<i>Max</i>		<i>Min</i>	<i>Max</i>		<i>Min</i>	<i>Max</i>
B. cereus (short)	1 hr	6 hrs	E. coli O157:H7	3 days	8 days	Staph. aureus	30 min	8 hrs
B. cereus (long)	6 hrs	24 hrs	Hepatitis A	15 days	50 days	Shigella	12 hrs	96 hrs
Campylobacter	1 day	10 days	Salmonella (non-typhi)	6 hrs	72 hrs	Vibrio cholerae	few hrs	5 days
Cyclospora	1 day	14 days	Salmonella typhi	1 wk	3 wks	Viral GI	12 hrs	48 hrs
C. perfringens	6 hrs	24 hrs	Shellfish poisoning	minutes	few hrs	Yersinia	3 days	7 days

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